

OXANDRIN (oxandrolone)

Patient name: _____ Medicaid or SS# _____

Physician Name: _____ Contact person: _____

Phone#: _____ Ext. and options _____ Fax# _____

Pharmacy _____ Pharmacy Phone#: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF
MEDICAL NECESSITY**

CRITERIA

First 60 day trial period.

- ▶ Must be 19 yrs and older
- ▶ Adult onset - AIDS Wasting indication only.
- ▶ Body Mas Index is less than 20, need current weight and height, and BMI.
- ▶ Patient must be taking an antiretroviral medication, documented.
- ▶ Patient must be maintaining a nutritional intake.

Authorization after 60 day trial. (May approve for an additional 4 months.)

- ▶ All criteria as above remains effective.
- ▶ Weight needs to have been maintained or has increased.
- ▶ If weight has not maintained it is not longer a benefit. May need to advance to Growth Hormone.
- ▶ If weight is maintained or has increased, they may remain on Oxandron.

AUTHORIZATION

60 Day trial, if weight is maintained or has increased, they may have an additional 4 months.

REAUTHORIZATION:

6 Months

If weight is maintained or has increased, they may remain on Oxandron.

Need previous weight, and current weight.

All initial criteria remains effective.

